

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL  
BANKRUPTCY RULE 1073-2(b)**

**DEBTOR(S):** Dawn M. Corrigan

**CASE NO.:** \_\_\_\_\_

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within six years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a) .]

☒ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

CASE STILL PENDING (Y/N): N [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN

SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

2. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

CASE STILL PENDING (Y/N): N [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN

SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

(OVER)

## DISCLOSURE OF RELATED CASE S (cont'd)

3. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

CASE STILL PENDING (Y/N): N [If closed] Date of closing: \_\_\_\_\_CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  
SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

## TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

## CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

s/Alan Pressman, Esq.  
Signature of Debtor's Attorney

s/ Dawn M. Corrigan  
Signature of Pro Se Debtor/Petitioner

**4 Glenn Road**  
**Calverton, NY 11933**

\_\_\_\_\_  
Mailing Address of Debtor/Petitioner

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE : Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

\_\_\_\_\_x

**In Re:**

**Dawn M. Corrigan**

**Case No.**

**Chapter           7**

**Debtor(s)**

\_\_\_\_\_x

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Dated: **12/15/2004**

**s/ Dawn M. Corrigan**

Debtor

**s/Alan Pressman, Esq.**

Attorney for Debtor

American Express  
PO Box 327  
Newark, NJ 07101-0327

Adelphia Communications  
c/o CRD PRT Assoc.  
14001N  
Dallas, TX 75326

Arrow Financial  
12220 El Camino Real  
San Diego, CA 92130

Asset Accept  
P.O. Box 2036  
Warren, MI 48090

AT&T Long Distance Morristown  
c/o Goggins & Lavintman  
PO Box 21129  
Eagan, MN 55121

AT&T Wireless Service  
P.O. Box 8758  
Portland, OR 97207

AT&T Wireless Service New Jersey  
c/o Diversified Adj. Service, Inc.  
PO Box 32145  
Fridley, MN 55432

Bell Atlantic  
c/o Collectech Systems  
PO Box 15071  
Albany, NY 12212

CBUSA Sears  
8725 W. Sahara Ave.  
The Lakes, NV 89163

Central Suffolk Hospital  
c/o Independent Recovery Resources  
24 Railroad Avenue  
Patchogue, NY 11772

Central Suffolk Hospital  
c/o Independent Recovery Resources  
24 Railroad Avenue  
Patchogue, NY 11772

Central Suffolk Hospital  
1300 Roanoke Avenue  
Riverhead, NY 11901

Cherese M. LaPorta, M.D.  
107 North Ocean Avenue  
Patchogue, NY 11772

Dhiren C. Mehta, M.D.  
41 Bay Avenue  
East Moriches, NY 11940

Direct Merchants Bank  
P.O. Box 29468  
Phoenix, AZ 85038

Directs Merchant  
c/o Arrow Financial Services  
21031 Network Place  
Chicago, IL 60678

Dominion Hope Gas, Inc.  
c/o Credit Collections, Inc.  
PO Box 873  
Morgantown, WV 26507

Dr. Steven B. Axt  
4 Phyllis Drive  
Patchogue, NY 11772

Enzo Clinical Lab  
c/o AMCA  
PO Box 1235  
Elmsford, NY 10523

Enzo Clinical Lab  
60 Executive Blvd.  
Farmingdale, NY 11735

Enzo Clinical Labs  
60 Executive Blvd.  
Farmingdale, NY 11735

Enzo Clinical Labs  
60 Executive Boulevard  
Farmingdale, NY 11735

Enzo Clinical Labs, Inc.  
c/o AMCA  
PO Box 1235  
Elmsford, NY 10523

Fingerhut  
c/o Encore Receivable Mgmt.  
PO Box 3330  
Olathe, KS 66063

Fingerhut Credit Adv.  
53 McLeland Rd.  
Saint Cloud, MN 56395

First Premier  
900 Delaware, Ste. 7  
Sioux Falls, SD 57104

HB/KMart  
P.O. Box 15524  
Wilmington, DE 19850

HB/KMart  
200 Beneficial Court  
Peapack, NJ 07977

Hooked on Phonics  
PO Box 789  
Gilroy, CA 95021

Hunt Enterprises  
c/o Moffit & Associates  
7990 Daget Street, #B  
San Diego, CA 92111

Huntington Enterprises  
c/o Debtor Base  
7990 Daget Street #3  
San Diego, CA 92111

Huntington Hospital  
c/o Regional Claims Recovery Service  
PO Box 1575  
Melville, NY 11747

J.T. Mather Memorial Hospital  
c/o Computer Credit, Inc.  
PO Box 5238  
Winston-Salem, NC 27113

Jay Freed, M.D.  
c/o Advanced Credit Control, Inc.  
PO Box 541659  
Lake Worth, FL 33454

Jeffersnop  
16 McLeland Rd.  
St. Cloud, MN 56303

Jefferson Capital Sy  
16 McLeland Rd.  
St. Cloud, MN 56303

LI Fertility & Endocrinology IVF Assoc.  
c/o Independent Recovery Resources, Inc.  
24 Railroad Ave.  
Patchogue, NY 11772

Litman, Sher, Shangold & Zaretsky  
c/o Richard Sokoloff  
P.O. Box 1698  
Riverhead, NY 11901

Long Island Fertility Endocrinology  
c/o IND REC RES  
625 Belle Terre Road #200  
Port Jefferson, NY 11777

Mather Memorial Hospital  
PO Box 5804  
Hicksville, NY 11802

MCI Worldcom  
c/o Coldata Collections Co.  
1979 Marcus Ave., #100  
Lake Success, NY 11042

Medical Arts Radiological Group  
375 East Main St.  
Bay Shore, NY 11706

Mervyns  
3901 West 53rd Street  
Sioux Falls, SD 57106

Nassau County Medical Center  
c/o Revenue Maximization Group, Inc.  
PO Box 9450  
Garden City, NY 11530

Pathology and Lab Consultants  
4567 Crossroads Park Drive  
Liverpool, NY 13088



PB Pac-Bell  
c/o American AGC  
2158 W. 190th Street  
Torrance, CA 90509

Premier Pediatric Centers  
c/o Credit Coll/USA  
1770 Motor Parkway  
Hauppauge, NY 11788

Providian  
P.O. Box 9176  
Pleaston, CA 94566

Providian National Bank  
c/o Cohen & Slamowitz, LLP  
199 Crossways Park Drive  
Woodbury, NY 11797

Quest Diagnostics, Inc.  
c/o AMCA Collection Agency  
2269 S. Saw Mill River Road  
Building #3  
Elmsford, NY 10523

Quest Diagnostics, Inc.  
PO Box 64878  
Baltimore, MD 21264

Robinson May  
c/o Risk Management Alternatives  
PO Box 105236  
Atlanta, GA 30348

Robinson-Max  
Regional Credit Center  
PO Box 6095  
Lakewood, CA 90714

Siben & Siben, Attys  
90 East Main Street  
Bay Shore, NY 11706

Southern California Edison  
2131 Walnut Grove Avenue  
Rosemead, CA 91770

Southern California Gas Co.  
Prog Mgt Sys  
2131 Walnut Grove Avenue  
Rosemead, CA 91770

Stony Brook Children's Services  
c/o NCO Financial Systems, Inc.  
PO Box 13574  
Philadelphia, PA 19101

Stony Brook Children's Services  
c/o the Revenue Maximization Group  
PO Box 9450  
Garden City, NY 11530

Stony Brook Emergency  
c/o NCO Financial Systems, Inc.  
PO Box 13574  
Philadelphia, PA 19101

Stony Brook Family Medicine  
c/o Revenue Maximization Group, Inc.  
PO Box 9450  
Garden City, NY 11530

Stony Brook Family Medicine Group  
c/o The Revenue Maximization Group  
PO Box 9450  
Garden City, NY 11530

Stony Brook Radiology, P.C.  
c/o NCO Financial Systems, Inc.  
PO Box 13574  
Philadelphia, PA 19101

Stony Brook University  
PO Box 619  
Stony Brook, NY 11794

Stony Brook University Hospital  
c/o MCS Claim Services, Inc.  
GPO Box 26404  
New York, NY 10087

Suffolk Community College  
533 College Road  
Selden, NY 11784

Suffolk Ophthalmology Assoc.  
375 E. Main St., Ste. 24  
Bay Shore, NY 11706

Sunrise Medical Labs  
c/o Paul Michael Assoc.  
186-09 Union Turnpike  
Flushing, NY 11366

Surnise Medical Labs  
c/o Paul Michael Assoc.  
186-09 Union Turnpike  
Flushing, NY 11366

Target  
c/o Retailers National Bank  
PO Box 673  
Minneapolis, MN 55440

The Toll Roads  
PO Box 50310  
Irvine, CA 92619

Stony Brook Family Medical Group, P.C.  
PO Box 1559  
Stony Brook, NY 11790

University Associates in Obstetrics  
& Gynecology, P.C.  
PO Box 1559  
Stony Brook, NY 11790

University Hospital at Stony Brook  
c/o MCS Claim Services, Inc.  
92 Front Street  
Hempstead, NY 11550

University Hospital SUNY at Stony Brook  
c/o State of NY Office Attorney General  
2100 Middle Country Rd., #108  
Centereach, NY 11720

Verizon New York Inc.  
c/o CBF Business Solutions, Inc.  
PO Box 655  
Frederick, MD 21705

Washington Mutual  
c/o Best Serve  
665 Old Country Road  
Riverhead, NY 11901



<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Dawn M. Corrigan</b>	
<b>Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)</b>			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</b>			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	
X <u>s/ Dawn M. Corrigan</u> Signature of Debtor  X <u>Not Applicable</u> Signature of Joint Debtor  Telephone Number (If not represented by attorney)  <u>12/15/2004</u> Date		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  X <u>s/Alan Pressman, Esq.</u> <u>12/15/2004</u> Signature of Attorney for Debtor(s) Date	
<b>Signature of Attorney</b> X <u>s/Alan Pressman, Esq.</u> Signature of Attorney for Debtor(s)  <u>ALAN PRESSMAN, ESQ., ap0050</u> Printed Name of Attorney for Debtor(s) / Bar No.  <u>Alan Pressman, Esq.</u> Firm Name <u>1797-22 Veterans Hwy. Islandia, N.Y. 11749</u> Address  <u>631-234-3883</u> <u>631-234-1716</u> Telephone Number <u>12/15/2004</u> Date		<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X <u>Not Applicable</u> Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual  Date		<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  <u>Not Applicable</u> Printed Name of Bankruptcy Petition Preparer  Social Security Number (Required by 11 U.S.C. § 110(c).)  Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  X <u>Not Applicable</u> Signature of Bankruptcy Petition Preparer  Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	

(Report also on Summary of Schedules.)

FORM B6B  
(10/89)In re **Dawn M. Corrigan**

Debtor

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking - Fleet</b>		<b>300.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household goods &amp; furnishings of nominal value</b>		<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Wearing apparel of nominal value</b>		<b>800.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	<b>X</b>			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
13. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			



FORM B6B  
(10/89)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Accounts receivable.	<b>X</b>			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<b>X</b>			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<b>X</b>			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
21. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
22. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 Plymouth Voyager (has approx. 170,000 miles)</b>		<b>1,000.00</b>
24. Boats, motors, and accessories.	<b>X</b>			
25. Aircraft and accessories.	<b>X</b>			
26. Office equipment, furnishings, and supplies.	<b>X</b>			
27. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
28. Inventory.	<b>X</b>			
29. Animals.	<b>X</b>			

FORM B6B  
(10/89)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Crops - growing or harvested. Give particulars.	<b>X</b>			
31. Farming equipment and implements.	<b>X</b>			
32. Farm supplies, chemicals, and feed.	<b>X</b>			
33. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<u>2</u> continuation sheets attached				<b>\$ 3,100.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

FORM B6C  
(6/90)

In re Dawn M. Corrigan, Case No. \_\_\_\_\_  
Debtor. (If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under:

(Check one box)

- ☐ 11 U.S.C. § 522(b)(1) Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**
- ☒ 11 U.S.C. § 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
1997 Plymouth Voyager (has approx. 170,000 miles)	Debt. & Cred. Law § 282	2,400.00	1,000.00
Checking - Fleet	Debt. & Cred. Law § 283	300.00	300.00
Household goods & furnishings of nominal value	CPLR § 5205(a)(5)	1,000.00	1,000.00
Wearing apparel of nominal value	CPLR Sec. 5205(a)	800.00	800.00

FORM B6D  
(12/03)In re: **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			<div>_____</div> <b>VALUE</b>					

0 Continuation sheets attached

**Subtotal** >  
(Total of this page)

**Total** >  
(Use only on last page)

<b>\$0.00</b>
<b>\$0.00</b>

(Report total also on Summary of Schedules)

Form B6E  
(04/04)In re **Dawn M. Corrigan**  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Other Priority Debts**

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E - Cont.  
(04/04)

In re **Dawn M. Corrigan**  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.							

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Priority Claims

Subtotal  
(Total of this page) >

**\$0.00**

Total  
(Use only on last page of the completed Schedule E.) >

**\$0.00**

(Report total also on Summary of Schedules)

Form B6F (12/03)

In re **Dawn M. Corrigan**

Debtor

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>20406</b> <b>Adelphia Communications</b> <b>c/o CRD PRT Assoc.</b> <b>14001N</b> <b>Dallas, TX 75326</b>		<b>1999</b> <b>Credit</b>				<b>112.00</b>
ACCOUNT NO. <b>373996953861018</b> <b>American Express</b> <b>PO Box 327</b> <b>Newark, NJ 07101-0327</b>		<b>1998</b> <b>credit</b>				<b>3,000.00</b>
ACCOUNT NO. <b>1137</b> <b>Arrow Financial</b> <b>12220 El Camino Real</b> <b>San Diego, CA 92130</b>		<b>2001</b> <b>Credit</b>				<b>1,286.00</b>
ACCOUNT NO. <b>RNBTARGE284</b> <b>Asset Accept</b> <b>P.O. Box 2036</b> <b>Warren, MI 48090</b>		<b>1998</b> <b>Credit</b>				<b>676.00</b>
ACCOUNT NO. <b>284</b> <b>Asset Accept</b> <b>P.O. Box 2036</b> <b>Warren, MI 48090</b>		<b>1998</b> <b>Credit</b>				<b>666.00</b>

16 Continuation sheets attached

Subtotal &gt;

Total &gt;

**\$5,740.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1509130781001</b>  <b>AT&amp;T Long Distance Morristown</b> <b>c/o Goggins &amp; Lavintman</b> <b>PO Box 21129</b> <b>Eagan, MN 55121</b>		<b>2001</b>  <b>personal</b>				<b>217.14</b>
ACCOUNT NO. <b>250000006649</b>  <b>AT&amp;T Wireless Service</b> <b>P.O. Box 8758</b> <b>Portland, OR 97207</b>		<b>2001</b>  <b>Credit</b>				<b>31.00</b>
ACCOUNT NO. <b>3623242</b>  <b>AT&amp;T Wireless Service New Jersey</b> <b>c/o Diversified Adj. Service, Inc.</b> <b>PO Box 32145</b> <b>Fridley, MN 55432</b>		<b>2001</b>  <b>personal</b>				<b>31.18</b>
ACCOUNT NO. <b>6314471458745271</b>  <b>Bell Atlantic</b> <b>c/o Collectech Systems</b> <b>PO Box 15071</b> <b>Albany, NY 12212</b>		<b>2000</b>  <b>personal</b>				<b>214.10</b>
ACCOUNT NO. <b>0784134167088</b>  <b>CBUSA Sears</b> <b>8725 W. Sahara Ave.</b> <b>The Lakes, NV 89163</b>		<b>1998</b>  <b>Credit</b>				<b>887.00</b>

Sheet no. 1 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,380.42**



Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>367462</b>  <b>Central Suffolk Hospital c/o Independent Recovery Resources 24 Railroad Avenue Patchogue, NY 11772</b>		<b>2001 medical</b>				<b>50.00</b>
ACCOUNT NO. <b>4434981</b>  <b>Central Suffolk Hospital c/o Independent Recovery Resources 24 Railroad Avenue Patchogue, NY 11772</b>		<b>2001 medical</b>				<b>50.00</b>
ACCOUNT NO. <b>367518</b>  <b>Central Suffolk Hospital c/o Independent Recovery Resources 24 Railroad Avenue Patchogue, NY 11772</b>		<b>2001 medical</b>				<b>50.00</b>
ACCOUNT NO. <b>30134035</b>  <b>Central Suffolk Hospital 1300 Roanoke Avenue Riverhead, NY 11901</b>		<b>2001 medical</b>				<b>170.00</b>
ACCOUNT NO. <b>005892</b>  <b>Cherese M. LaPorta, M.D. 107 North Ocean Avenue Patchogue, NY 11772</b>		<b>2001 medical</b>				<b>20.00</b>

Sheet no. 2 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$340.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>23158</b>  <b>Dhiren C. Mehta, M.D.</b> <b>41 Bay Avenue</b> <b>East Moriches, NY 11940</b>		<b>2001</b> <b>medical</b>				<b>57.18</b>
ACCOUNT NO. <b>5449100844125829</b>  <b>Direct Merchants Bank</b> <b>P.O. Box 29468</b> <b>Phoenix, AZ 85038</b>		<b>2000</b> <b>Credit</b>				<b>883.00</b>
ACCOUNT NO. <b>3449 1008 4412 5829</b>  <b>Directs Merchant</b> <b>c/o Arrow Financial Services</b> <b>21031 Network Place</b> <b>Chicago, IL 60678</b>		<b>2000</b> <b>credit</b>				<b>1,313.08</b>
ACCOUNT NO. <b>05000001215840</b>  <b>Dominion Hope Gas, Inc.</b> <b>c/o Credit Collections, Inc.</b> <b>PO Box 873</b> <b>Morgantown, WV 26507</b>		<b>1999</b> <b>personal</b>				<b>90.90</b>
ACCOUNT NO. <b>9230</b>  <b>Dr. Steven B. Axt</b> <b>4 Phyllis Drive</b> <b>Patchogue, NY 11772</b>		<b>2001</b> <b>medical</b>				<b>185.00</b>

Sheet no. 3 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$2,529.16**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>N0727334</b> <b>Enzo Clinical Lab</b> <b>c/o AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523</b>		<b>2001</b> <b>medical</b>				<b>135.00</b>
ACCOUNT NO. <b>N0866768</b> <b>Enzo Clinical Lab</b> <b>c/o AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523</b>		<b>2001</b> <b>medical</b>				<b>247.00</b>
ACCOUNT NO. <b>21148</b> <b>Enzo Clinical Lab</b> <b>60 Executive Blvd.</b> <b>Farmingdale, NY 11735</b>		<b>2001</b> <b>medical</b>				<b>135.00</b>
ACCOUNT NO. <b>21148</b> <b>Enzo Clinical Labs</b> <b>60 Executive Boulevard</b> <b>Farmingdale, NY 11735</b>		<b>2001</b> <b>medical</b>				<b>326.00</b>
ACCOUNT NO. <b>21148</b> <b>Enzo Clinical Labs</b> <b>60 Executive Blvd.</b> <b>Farmingdale, NY 11735</b>		<b>2001</b> <b>medical</b>				<b>40.00</b>

Sheet no. 4 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$883.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>N0412694</b> <b>Enzo Clinical Labs, Inc.</b> <b>c/o AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523</b>		<b>2001</b> <b>medical</b>				<b>461.00</b>
ACCOUNT NO. <b>N0819552</b> <b>Enzo Clinical Labs, Inc.</b> <b>c/o AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523</b>		<b>2001</b> <b>medical</b>				<b>247.00</b>
ACCOUNT NO. <b>805010968015915</b> <b>Fingerhut</b> <b>c/o Encore Receivable Mgmt.</b> <b>PO Box 3330</b> <b>Olathe, KS 66063</b>		<b>2001</b> <b>personal</b>				<b>161.40</b>
ACCOUNT NO. <b>8050101</b> <b>Fingerhut Credit Adv.</b> <b>53 McLeland Rd.</b> <b>Saint Cloud, MN 56395</b>		<b>2001</b> <b>Credit</b>				<b>161.00</b>
ACCOUNT NO. <b>4610074515043544</b> <b>First Premier</b> <b>900 Delaware, Ste. 7</b> <b>Sioux Falls, SD 57104</b>		<b>1998</b> <b>Credit</b>				<b>250.00</b>

Sheet no. 5 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,280.40**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>60</b>  <b>HB/KMart</b> <b>P.O. Box 15524</b> <b>Wilmington, DE 19850</b>		<b>1998</b>  <b>Credit</b>				<b>1,678.00</b>
ACCOUNT NO. <b>7101600000683995</b>  <b>HB/KMart</b> <b>200 Beneficial Court</b> <b>Peapack, NJ 07977</b>		<b>1998</b>  <b>Credit</b>				<b>1,803.00</b>
ACCOUNT NO. <b>14384701</b>  <b>Hooked on Phonics</b> <b>PO Box 789</b> <b>Gilroy, CA 95021</b>		<b>2001</b>  <b>personal</b>				<b>383.92</b>
ACCOUNT NO. <b>SK46884</b>  <b>Hunt Enterprises</b> <b>c/o Moffit &amp; Associates</b> <b>7990 Daget Street, #B</b> <b>San Diego, CA 92111</b>		<b>1999</b>  <b>personal</b>				<b>696.27</b>
ACCOUNT NO. <b>SK46884</b>  <b>Huntington Enterprises</b> <b>c/o Debtor Base</b> <b>7990 Daget Street #3</b> <b>San Diego, CA 92111</b>		<b>1999</b>  <b>Credit</b>				<b>454.00</b>

Sheet no. 6 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$5,015.19**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3156558</b>  <b>Huntington Hospital</b> <b>c/o Regional Claims Recovery Service</b> <b>PO Box 1575</b> <b>Melville, NY 11747</b>		<b>2001</b>  <b>medical</b>				<b>50.00</b>
ACCOUNT NO. <b>6275482090</b>  <b>J.T. Mather Memorial Hospital</b> <b>c/o Computer Credit, Inc.</b> <b>PO Box 5238</b> <b>Winston-Salem, NC 27113</b>		<b>2001</b>  <b>medical</b>				<b>20.00</b>
ACCOUNT NO. <b>312247</b>  <b>Jay Freed, M.D.</b> <b>c/o Advanced Credit Control, Inc.</b> <b>PO Box 541659</b> <b>Lake Worth, FL 33454</b>		<b>2001</b>  <b>medical</b>				<b>520.00</b>
ACCOUNT NO. <b>013388</b>  <b>Jeffersnop</b> <b>16 McLeland Rd.</b> <b>St. Cloud, MN 56303</b>		<b>2000</b>  <b>Credit</b>				<b>182.00</b>
ACCOUNT NO. <b>13388642</b>  <b>Jefferson Capital Sy</b> <b>16 McLeland Rd.</b> <b>St. Cloud, MN 56303</b>		<b>2001</b>  <b>Credit</b>				<b>182.00</b>

Sheet no. 7 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$954.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>455720</b>  <b>LI Fertility &amp; Endocrinology IVF Assoc. c/o Independent Recovery Resources, Inc. 24 Railroad Ave. Patchogue, NY 11772</b>		<b>2003 Medical</b>				<b>1,896.00</b>
ACCOUNT NO. <b>395732</b>  <b>Litman, Sher, Shangold &amp; Zaretsky c/o Richard Sokoloff P.O. Box 1698 Riverhead, NY 11901</b>		<b>2001 Medical</b>				<b>330.00</b>
ACCOUNT NO. <b>4557</b>  <b>Long Island Fertility Endocrinology c/o IND REC RES 625 Belle Terre Road #200 Port Jefferson, NY 11777</b>		<b>2003 Credit</b>				<b>1,896.00</b>
ACCOUNT NO. <b>623432390</b>  <b>Mather Memorial Hospital PO Box 5804 Hicksville, NY 11802</b>		<b>2001 medical</b>				<b>50.00</b>
ACCOUNT NO. <b>Y691AI74015</b>  <b>MCI Worldcom c/o Coldata Collections Co. 1979 Marcus Ave., #100 Lake Success, NY 11042</b>		<b>2001 personal</b>				<b>70.94</b>

Sheet no. 8 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$4,242.94**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>34728921</b>  <b>Medical Arts Radiological Group</b> <b>375 East Main St.</b> <b>Bay Shore, NY 11706</b>		<b>2001</b>  <b>Medical</b>				<b>122.00</b>
ACCOUNT NO. <b>78546153825</b>  <b>Mervyns</b> <b>3901 West 53rd Street</b> <b>Sioux Falls, SD 57106</b>		<b>1999</b>  <b>credit</b>				<b>300.00</b>
ACCOUNT NO. <b>12046669908065920</b>  <b>Nassau County Medical Center</b> <b>c/o Revenue Maximization Group, Inc.</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>270.45</b>
ACCOUNT NO. <b>629490442</b>  <b>Pathology and Lab Consultants</b> <b>4567 Crossroads Park Drive</b> <b>Liverpool, NY 13088</b>		<b>2001</b>  <b>medical</b>				<b>290.00</b>
ACCOUNT NO. <b>2951372</b>  <b>PB Pac-Bell</b> <b>c/o American AGC</b> <b>2158 W. 190th Street</b> <b>Torrance, CA 90509</b>		<b>2000</b>  <b>Credit</b>				<b>1,372.00</b>

Sheet no. 9 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$2,354.45**



Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9639</b>  <b>Premier Pediatric Centers c/o Credit Coll/USA 1770 Motor Parkway Hauppauge, NY 11788</b>		<b>1999 Credit</b>				<b>205.00</b>
ACCOUNT NO. <b>4121371600641857</b>  <b>Providian P.O. Box 9176 Pleaston, CA 94566</b>		<b>2000 Credit</b>				<b>584.00</b>
ACCOUNT NO. <b>4121371600641857</b>  <b>Providian National Bank c/o Cohen &amp; Slamowitz, LLP 199 Crossways Park Drive Woodbury, NY 11797</b>		<b>2000 credit</b>				<b>702.05</b>
ACCOUNT NO. <b>003558415</b>  <b>Quest Diagnostics, Inc. PO Box 64878 Baltimore, MD 21264</b>		<b>2001 medical</b>				<b>57.20</b>
ACCOUNT NO. <b>003558309</b>  <b>Quest Diagnostics, Inc. PO Box 64878 Baltimore, MD 21264</b>		<b>2001 medical</b>				<b>40.75</b>

Sheet no. 10 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,589.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0230152A08</b>  <b>Quest Diagnostics, Inc.</b> <b>c/o AMCA Collection Agency</b> <b>2269 S. Saw Mill River Road</b> <b>Building #3</b> <b>Elmsford, NY 10523</b>		<b>2001</b>  <b>medical</b>				<b>157.93</b>
ACCOUNT NO. <b>003360133</b>  <b>Quest Diagnostics, Inc.</b> <b>PO Box 64878</b> <b>Baltimore, MD 21264</b>		<b>2001</b>  <b>medical</b>				<b>40.75</b>
ACCOUNT NO. <b>4747458 NA6EZM</b>  <b>Robinson May</b> <b>c/o Risk Management Alternatives</b> <b>PO Box 105236</b> <b>Atlanta, GA 30348</b>		<b>1998</b>  <b>credit</b>				<b>173.11</b>
ACCOUNT NO. <b>R086024364640</b>  <b>Robinson-Max</b> <b>Regional Credit Center</b> <b>PO Box 6095</b> <b>Lakewood, CA 90714</b>		<b>1998</b>  <b>credit</b>				<b>173.00</b>
ACCOUNT NO.  <b>Siben &amp; Siben, Attys</b> <b>90 East Main Street</b> <b>Bay Shore, NY 11706</b>		<b>1990</b>  <b>Personal</b>				<b>1,200.00</b>

Sheet no. 11 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,744.79**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>18424</b>  <b>Southern California Edison</b> <b>2131 Walnut Grove Avenue</b> <b>Rosemead, CA 91770</b>		<b>1998</b>  <b>credit</b>				<b>159.00</b>
ACCOUNT NO. <b>280</b>  <b>Southern California Gas Co.</b> <b>Prog Mgt Sys</b> <b>2131 Walnut Grove Avenue</b> <b>Rosemead, CA 91770</b>		<b>1998</b>  <b>Credit</b>				<b>92.00</b>
ACCOUNT NO. <b>13960680</b>  <b>Stony Brook Children's Services</b> <b>c/o the Revenue Maximization Group</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>180.00</b>
ACCOUNT NO. <b>32901414</b>  <b>Stony Brook Children's Services</b> <b>c/o NCO Financial Systems, Inc.</b> <b>PO Box 13574</b> <b>Philadelphia, PA 19101</b>		<b>2001</b>  <b>medical</b>				<b>420.00</b>
ACCOUNT NO. <b>30886473</b>  <b>Stony Brook Emergency</b> <b>c/o NCO Financial Systems, Inc.</b> <b>PO Box 13574</b> <b>Philadelphia, PA 19101</b>		<b>2001</b>  <b>medical</b>				<b>175.00</b>

Sheet no. 12 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,026.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>M134677</b>  <b>Stony Brook Family Medical Group, P.C.</b> <b>PO Box 1559</b> <b>Stony Brook, NY 11790</b>		<b>2001</b>  <b>medical</b>				<b>580.00</b>
ACCOUNT NO. <b>16819116</b>  <b>Stony Brook Family Medicine</b> <b>c/o Revenue Maximization Group, Inc.</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>70.00</b>
ACCOUNT NO. <b>17321690</b>  <b>Stony Brook Family Medicine</b> <b>c/o Revenue Maximization Group, Inc.</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>580.00</b>
ACCOUNT NO. <b>17321690</b>  <b>Stony Brook Family Medicine Group</b> <b>c/o The Revenue Maximization Group</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>580.00</b>
ACCOUNT NO. <b>16819116</b>  <b>Stony Brook Family Medicine Group</b> <b>c/o The Revenue Maximization Group</b> <b>PO Box 9450</b> <b>Garden City, NY 11530</b>		<b>2001</b>  <b>medical</b>				<b>580.00</b>

Sheet no. 13 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$2,390.00**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>30775830</b>  <b>Stony Brook Radiology, P.C.</b> <b>c/o NCO Financial Systems, Inc.</b> <b>PO Box 13574</b> <b>Philadelphia, PA 19101</b>		<b>2001</b>  <b>medical</b>				<b>99.00</b>
ACCOUNT NO. <b>25877904</b>  <b>Stony Brook Radiology, P.C.</b> <b>c/o NCO Financial Systems, Inc.</b> <b>PO Box 13574</b> <b>Philadelphia, PA 19101</b>		<b>2001</b>  <b>medical</b>				<b>404.00</b>
ACCOUNT NO. <b>D20012</b>  <b>Stony Brook University</b> <b>PO Box 619</b> <b>Stony Brook, NY 11794</b>		<b>2001</b>  <b>medical</b>				<b>20.00</b>
ACCOUNT NO. <b>10022604481</b>  <b>Stony Brook University Hospital</b> <b>c/o MCS Claim Services, Inc.</b> <b>GPO Box 26404</b> <b>New York, NY 10087</b>		<b>2001</b>  <b>medical</b>				<b>1,813.61</b>
ACCOUNT NO. <b>M127673</b>  <b>Suffolk Community College</b> <b>533 College Road</b> <b>Selden, NY 11784</b>		<b>1984-1990</b>  <b>Personal loan</b>				<b>2,500.00</b>

Sheet no. 14 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$4,836.61**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1039915</b> <b>Suffolk Ophthalmology Assoc.</b> <b>375 E. Main St., Ste. 24</b> <b>Bay Shore, NY 11706</b>		<b>2003</b> <b>Medical</b>				<b>120.00</b>
ACCOUNT NO. <b>N6593407</b> <b>Sunrise Medical Labs</b> <b>c/o Paul Michael Assoc.</b> <b>186-09 Union Turnpike</b> <b>Flushing, NY 11366</b>		<b>2001</b> <b>medical</b>				<b>225.75</b>
ACCOUNT NO. <b>3761296</b> <b>Surnise Medical Labs</b> <b>c/o Paul Michael Assoc.</b> <b>186-09 Union Turnpike</b> <b>Flushing, NY 11366</b>		<b>2001</b> <b>medical</b>				<b>225.75</b>
ACCOUNT NO. <b>9205252575</b> <b>Target</b> <b>c/o Retailers National Bank</b> <b>PO Box 673</b> <b>Minneapolis, MN 55440</b>		<b>1998</b> <b>credit</b>				<b>313.00</b>
ACCOUNT NO. <b>411131</b> <b>The Toll Roads</b> <b>PO Box 50310</b> <b>Irvine, CA 92619</b>		<b>1998</b> <b>credit</b>				<b>500.00</b>

Sheet no. 15 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$1,384.50**

Form B6F - Cont.  
(12/03)In re **Dawn M. Corrigan**

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>M134677</b>  <b>University Associates in Obstetrics &amp; Gynecology, P.C. PO Box 1559 Stony Brook, NY 11790</b>		<b>2003</b>  <b>medical</b>				<b>530.00</b>
ACCOUNT NO. <b>10003374559</b>  <b>University Hospital at Stony Brook c/o MCS Claim Services, Inc. 92 Front Street Hempstead, NY 11550</b>		<b>2001</b>  <b>medical</b>				<b>369.97</b>
ACCOUNT NO. <b>10011548020</b>  <b>University Hospital SUNY at Stony Brook c/o State of NY Office Attorney General 2100 Middle Country Rd., #108 Centereach, NY 11720</b>		<b>2001</b>  <b>Medical</b>				<b>19,513.00</b>
ACCOUNT NO. <b>189639</b>  <b>Verizon New York Inc. c/o CBF Business Solutions, Inc. PO Box 655 Frederick, MD 21705</b>		<b>2002</b>  <b>personal</b>				<b>1,133.04</b>
ACCOUNT NO. <b>10059149</b>  <b>Washington Mutual c/o Best Serve 665 Old Country Road Riverhead, NY 11901</b>		<b>1999</b>  <b>Credit</b>				<b>147.00</b>

Sheet no. 16 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
ClaimsSubtotal  
(Total of this page) >

Total &gt;

(Use only on last page of the completed Schedule F.)

**\$21,693.01****\$59,383.47**

(Report also on Summary of Schedules)

Form B6G

(10/89)

In re: Dawn M. Corrigan

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



B6H  
(6/90)

In re: **Dawn M. Corrigan** \_\_\_\_\_ , Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Form B6I  
(12/03)In re **Dawn M. Corrigan**

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

Debtor's Marital Status: <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP <b>Daughter</b> <b>Daughter</b>	AGE <b>6</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation <b>Unemployed</b>		
Name of Employer		
How long employed		
Address of Employer		

**Income:** (Estimate of average monthly income)Current monthly gross wages, salary, and commissions  
(pro rate if not paid monthly.)

Estimated monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) \_\_\_\_\_

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm  
(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the  
debtor's use or that of dependents listed above.Social security or other government assistance  
(Specify) \_\_\_\_\_

Pension or retirement income

Other monthly income

(Specify) \_\_\_\_\_

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME

**\$ 0.00**

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following  
the filing of this document:**NONE**

	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ <u>0.00</u>	\$ _____
Estimated monthly overtime	\$ <u>0.00</u>	\$ _____
<b>SUBTOTAL</b>	\$ <u>0.00</u>	\$ _____
<b>LESS PAYROLL DEDUCTIONS</b>		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ _____
b. Insurance	\$ <u>0.00</u>	\$ _____
c. Union dues	\$ <u>0.00</u>	\$ _____
d. Other (Specify) _____	\$ <u>0.00</u>	\$ _____
<b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>	\$ <u>0.00</u>	\$ _____
<b>TOTAL NET MONTHLY TAKE HOME PAY</b>	\$ <u>0.00</u>	\$ _____
Regular income from operation of business or profession or farm (attach detailed statement)	\$ <u>0.00</u>	\$ _____
Income from real property	\$ <u>0.00</u>	\$ _____
Interest and dividends	\$ <u>0.00</u>	\$ _____
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ _____
Social security or other government assistance (Specify) _____	\$ <u>0.00</u>	\$ _____
Pension or retirement income	\$ <u>0.00</u>	\$ _____
Other monthly income	\$ <u>0.00</u>	\$ _____
(Specify) _____	\$ <u>0.00</u>	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ <u>0.00</u>	\$ _____

Form B6J  
(6/90)In re **Dawn M. Corrigan**

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>0.00</u>
Are real estate taxes included? Yes _____ No <u>✓</u>		
Is property insurance included? Yes _____ No <u>✓</u>		
Utilities Electricity and heating fuel	\$	<u>0.00</u>
Water and sewer	\$	<u>0.00</u>
Telephone	\$	<u>0.00</u>
Other _____	\$	<u>0.00</u>
Home maintenance (repairs and upkeep)	\$	<u>0.00</u>
Food	\$	<u>500.00</u>
Clothing	\$	<u>150.00</u>
Laundry and dry cleaning	\$	<u>75.00</u>
Medical and dental expenses	\$	<u>50.00</u>
Transportation (not including car payments)	\$	<u>150.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>50.00</u>
Charitable contributions	\$	<u>0.00</u>
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	<u>0.00</u>
Life	\$	<u>0.00</u>
Health	\$	<u>0.00</u>
Auto	\$	<u>100.00</u>
Other _____	\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)		
Auto	\$	<u>0.00</u>
Other _____	\$	<u>0.00</u>
Alimony, maintenance or support paid to others	\$	<u>0.00</u>
Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
Other _____	\$	<u>0.00</u>

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 1,075.00

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	_____
B. Total projected monthly expenses	\$	_____
C. Excess income (A minus B)	\$	_____
D. Total amount to be paid into plan each _____	\$	_____
(interval)		

Form B6  
(6/90)

**United States Bankruptcy Court  
Eastern District of New York**

In re **Dawn M. Corrigan**

Case No.

Chapter **7**

**SUMMARY OF SCHEDULES**

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>YES</b>	<b>1</b>	<b>\$ 0.00</b>		
B - Personal Property	<b>YES</b>	<b>3</b>	<b>\$ 3,100.00</b>		
C - Property Claimed as Exempt	<b>YES</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>YES</b>	<b>1</b>		<b>\$ 0.00</b>	
E - Creditors Holding Unsecured Priority Claims	<b>YES</b>	<b>2</b>		<b>\$ 0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>YES</b>	<b>17</b>		<b>\$ 59,383.47</b>	
G - Executory Contracts and Unexpired Leases	<b>YES</b>	<b>1</b>			
H - Codebtors	<b>YES</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>YES</b>	<b>1</b>			<b>\$ 0.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>YES</b>	<b>1</b>			<b>\$ 1,075.00</b>
Total Number of sheets in ALL Schedules ➤		<b>29</b>			
Total Assets ➤			<b>\$ 3,100.00</b>		
Total Liabilities ➤				<b>\$ 59,383.47</b>	

Official Form 6 - Cont .  
(12/03)

In re: **Dawn M. Corrigan**  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30  
(Total shown on summary page plus 1.)  
sheets plus the summary page, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **12/15/2004**

Signature: **s/ Dawn M. Corrigan**  
**Dawn M. Corrigan**

[If joint case, both spouses must sign]

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

Form 7  
(12/03)UNITED STATES BANKRUPTCY COURT  
Eastern District of New YorkIn re: **Dawn M. Corrigan**  
**7747**Case No. \_\_\_\_\_  
Chapter **7****STATEMENT OF FINANCIAL AFFAIRS****1. Income from employment or operation of business**

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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**2. Income other than from employment or operation of business**

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

**3. Payments to creditors**

None



a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY  
AND LOCATION

STATUS OR  
DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS  
OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

DATE OF  
SEIZURE

DESCRIPTION  
AND VALUE OF  
PROPERTY

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE  
TRANSFER OR RETURN

DESCRIPTION  
AND VALUE OF  
PROPERTY

**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Alan Pressman, Esq. 1797-22 Vets Hwy Islandia, NY 11749</b>		<b>\$850.00 legal fee + filing fee</b>

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--



**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None



If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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## 18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

## 19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None



NAME AND ADDRESS

DATES SERVICES RENDERED

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None



NAME

ADDRESS

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

None



NAME AND ADDRESS

DATE ISSUED

## 20. Inventories

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None



DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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## 21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

None



NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

None



NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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## 23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six -year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

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**25. Pension Funds.**

None



If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

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\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/15/2004

Signature of Debtor s/ Dawn M. Corrigan  
**Dawn M. Corrigan**

Official Form 8  
(12/03)

**UNITED STATES BANKRUPTCY COURT  
Eastern District of New York**

In re: **Dawn M. Corrigan**  
**7747**

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:
  - a. *Property To Be Surrendered.*

Description of Property

Creditor's Name

**None**

- b. *Property To Be Retained.*

*[Check any applicable statement.]*

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)	Other
<b>None</b>					

Date: **12/15/2004**

**s/ Dawn M. Corrigan**

Signature of Debtor

**UNITED STATES BANKRUPTCY COURT  
Eastern District of New York**

In re: **Dawn M. Corrigan**

Case No. \_\_\_\_\_

Chapter **7**

Debtor

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<b>850.00</b>
Prior to the filing of this statement I have received	\$	<b>850.00</b>
Balance Due	\$	<b>0.00</b>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **12/15/2004**

**s/Alan Pressman, Esq.**  
**ALAN PRESSMAN, ESQ, Bar No. ap0050**

**Alan Pressman, Esq.**  
Attorney for Debtor(s)

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the three chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

#### **Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)**

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are eligible for chapter 13 only if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

#### **Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**I, the debtor, affirm that I have read this notice.**

12/15/2004

Date

s/ Dawn M. Corrigan

Signature of Debtor

Case Number